

Case Number:	CM15-0119851		
Date Assigned:	06/30/2015	Date of Injury:	07/24/2014
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male, who sustained an industrial injury on 07/24/2014 secondary to a slip and fall injuring upper back and head. On provider visit dated 05/29/2015 the injured worker has reported neck, upper back pain and bilateral shoulders. On examination of the head revealed slight straightening of the cervical lordosis. Moderate pain to palpation of the cervical spinous process from C5-T1. Range of motion of the cervical spine was moderately restricted due to a complaint of pain. The diagnoses have included bilateral scapular region contusion, bilateral shoulder sprain and closed fracture of seventh cervical vertebra. Treatment to date has included laboratory studies, physical therapy and medication. The provider requested physical therapy x 12 sessions for the neck & upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#2 physical therapy x12 sessions for the neck & upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines neck & upper back chapter (online version) physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker was approved for 12 physical therapy visits in 2014 for a neck fracture. As of May 2015, he had only completed 5 of 12 visits. The request for 12 additional visits exceeds the recommendations of the guidelines. The injured worker should complete the remaining approved 7 visits and be re-evaluated in order to ascertain the need for additional visits. The request for physical therapy x12 sessions for the neck & upper extremities is determined to not be medically necessary.